

↓ PERF 1/2" S/S STUB ALL PTS

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↑ GLUE LINE ↓

↓ PERF ALL PTS

CRIMINAL

☐ TRAFFIC

☐ NON-TRAFFIC

CXXXXXXXX

IN THE ☐ DISTRICT ☐ MUNICIPAL COURT OF
☐ STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
☐ COUNTY OF
☐ CITY/TOWN OF
L.E.A. ORI #: WAWSP 00 COURT ORI #:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.

STATE

EXPIRES

PHOTO I.D. ON PERSON
☐ YES ☐ NO

NAME: LAST

FIRST

MIDDLE

ADDRESS

☐ IF NEW ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER

LOCATION

DATE OF BIRTH

RACE

SEX

HEIGHT

WEIGHT

EYES

HAIR

RESIDENTIAL PHONE NO.
()

CELL/PAGER NO.
()

WORK PHONE NO.
()

VIOLATION DATE

MONTH

DAY

YEAR

TIME

☐ INTERPRETER NEEDED

ON OR ABOUT

24 HOUR

LANG:

AT LOCATION

M.P.

CITY/COUNTY OF

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.

STATE

EXPIRES

VEH. YR.

MAKE

MODEL

STYLE

COLOR

TRAILER #1 LICENSE NO.

STATE

EXPIRES

TR. YR.

TRAILER #2 LICENSE NO.

STATE

EXPIRES

TR. YR.

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS

CITY

STATE

ZIP CODE

ACCIDENT

BAC

COMMERCIAL

☐ YES

HAZARD

☐ YES

EXEMPT

☐ FARM

☐ FIRE

NO NR R I F

READING

VEHICLE

☐ NO

PLACARD

☐ NO

VEHICLE

☐ R.V.

☐ OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE

☐ DV

2. VIOLATION/STATUTE CODE

☐ DV

☐ MANDATORY COURT APPEARANCE

OR

☐ BAIL FORFEITURE IN U.S. \$

APPEARANCE DATE

MO.

DY.

YR.

TIME

A.M.

P.M.

RELATED #

DATE ISSUED

WITHOUT ADMITTING HAVING COMMITTED EACH OF THE ABOVE OFFENSE(S), I PROMISE TO APPEAR AS DIRECTED ON THIS NOTICE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND MY REPORT WRITTEN ON THE BACK OF THIS DOCUMENT OR ATTACHED TO IS TRUE AND CORRECT.

X

DEFENDANT'S SIGNATURE

OFFICER #

OFFICER #

COMPLAINT / CITATION

ABSTRACT OF JUDGMENT

CRG	PLEA	CNG	FINDINGS	FINE	SUSPENDED	SUB-TOTAL	FIND/JUDG DATE
1	G	NG	G NG D BF	\$	\$	\$	ABS. MLD TO OLY
2	G	NG	G NG D BF	\$	\$	\$	TO SERVE
OTHER COSTS \$						WITH DAYS SUSP.	
RECOMMENDED NONEXTENSION OF SUSPENSION <input type="checkbox"/>				LICENSE SUR-RENDER DATE		TOTAL COSTS \$	CREDIT/TIME SVD

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☐ STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT

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☐ CITY/TOWN OF

L.E.A. ORI #: WAWSP00

COURT ORI #:

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PHOTO I.D. ON PERSON
☐ YES ☐ NO

NAME: LAST

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MIDDLE

ADDRESS

☐ IF NEW ADDRESS

CITY

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ZIP CODE

EMPLOYER

LOCATION

DATE OF BIRTH

RACE

SEX

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WORK PHONE NO.
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MONTH

DAY

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ON OR ABOUT

24 HOUR

LANG:

AT LOCATION

M.P.

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TRAILER #1 LICENSE NO.

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TRAILER #2 LICENSE NO.

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TR. YR.

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS

CITY

STATE

ZIP CODE

ACCIDENT

BAC

COMMERCIAL

☐ YES

HAZARD

☐ YES

EXEMPT

☐ FARM

☐ FIRE

NO NR R I F

READING

VEHICLE

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PLACARD

☐ NO

VEHICLE

☐ R.V.

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OFFICER

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OFFICER

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DEFENDANT'S SIGNATURE

COMPLAINT / CITATION

ABSTRACT OF JUDGMENT

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PLEA

CNG

FINDINGS

FINE

SUSPENDED

SUB-TOTAL

FIND/JUDG DATE

1

G

NG

G NG D BF

\$

\$

\$

ABS. MLD TO OLY

2

G

NG

G NG D BF

\$

\$

\$

TO SERVE

OTHER COSTS \$

WITH

DAYS SUSP.

RECOMMENDED NONEXTENSION OF SUSPENSION

☐

LICENSE SUR-RENDER DATE

TOTAL COSTS \$

CREDIT/TIME SVD

PT 2 ENDS HERE WASHINGTON UNIFORM COURT DOCKET - DOL COPY

August 2002

↓ PERF 1/2" S/S STUB ALL PTS

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3A
0105

↑ GLUE LINE ↓

↑ PERF ALL PTS

CRIMINAL

TRAFFIC

☐ **NON-TRAFFIC**

C XXXXXXX

IN THE ☐ DISTRICT ☐ MUNICIPAL COURT OF
☐ STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT
☐ COUNTY OF
☐ CITY/TOWN OF

L.E.A. ORI #:

WAWSP

00

COURT ORI #:

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO.				STATE		EXPIRES		PHOTO I.D. ON PERSON <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST				FIRST		MIDDLE			
ADDRESS									<input type="checkbox"/> IF NEW ADDRESS
CITY			STATE		ZIP CODE		EMPLOYER		LOCATION
DATE OF BIRTH		RACE	SEX	HEIGHT	WEIGHT		EYES	HAIR	
RESIDENTIAL PHONE NO. ()			CELL/PAGER NO. ()			WORK PHONE NO. ()			
VIOLATION DATE		MONTH	DAY	YEAR	TIME			<input type="checkbox"/> INTERPRETER NEEDED	
ON OR ABOUT					24 HOUR			LANG: _____	
AT LOCATION				M.P.		CITY/COUNTY OF			

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.		STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE		COLOR
TRAILER #1 LICENSE NO.		STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.		STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER									
ADDRESS				CITY	STATE			ZIP CODE	
ACCIDENT NO NR R I F		BAC READING	COMMERCIAL VEHICLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARD PLACARD	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT VEHICLE	<input type="checkbox"/> FARM <input type="checkbox"/> R.V.	<input type="checkbox"/> FIRE <input type="checkbox"/> OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE					<input type="checkbox"/> DV	
2. VIOLATION/STATUTE CODE					<input type="checkbox"/> DV	
<input type="checkbox"/> MANDATORY COURT APPEARANCE OR <input type="checkbox"/> BAIL FORFEITURE IN U.S. \$						
APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED # DATE ISSUED
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<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">X</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>					OFFICER _____ # _____	
DEFENDANT'S SIGNATURE					OFFICER _____ # _____	

YOU MUST RESPOND TO THE COURT BELOW ACCORDING TO THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS NOTICE

XXXXXXXXXXXX

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DRIVER'S LICENSE NO.				STATE	EXPIRES	PHOTO I.D. ON PERSON <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME: LAST		FIRST		MIDDLE			
ADDRESS							<input type="checkbox"/> IF NEW ADDRESS
CITY		STATE		ZIP CODE		EMPLOYER	LOCATION
DATE OF BIRTH		RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR
RESIDENTIAL PHONE NO. ()		CELL/PAGER NO. ()			WORK PHONE NO. ()		
VIOLATION DATE		MONTH	DAY	YEAR	TIME	<input type="checkbox"/> INTERPRETER NEEDED	
ON OR ABOUT		24 HOUR			LANG: _____		
AT LOCATION		M.P.			CITY/COUNTY OF		

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO.	STATE	EXPIRES	VEH. YR.	MAKE	MODEL	STYLE	COLOR	
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.		STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER								
ADDRESS		CITY		STATE		ZIP CODE		
ACCIDENT	BAC	COMMERCIAL	<input type="checkbox"/> YES	HAZARD	<input type="checkbox"/> YES	EXEMPT	<input type="checkbox"/> FARM	<input type="checkbox"/> FIRE
NO NR R I F	READING	VEHICLE	<input type="checkbox"/> NO	PLACARD	<input type="checkbox"/> NO	VEHICLE	<input type="checkbox"/> R.V.	<input type="checkbox"/> OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE

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2. VIOLATION/STATUTE CODE

☐ DV

☐ MANDATORY COURT APPEARANCE OR ☐ BAIL FORFEITURE IN U.S. \$

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. P.M.	RELATED #	DATE ISSUED
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X				OFFICER #			
DEFENDANT'S SIGNATURE				OFFICER #			

DO NOT WRITE IN THIS SECTION

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☐ STATE OF WASHINGTON

☐ COUNTY OF

☐ CITY/TOWN OF

PLAINTIFF VS. NAMED DEFENDANT

, WASHINGTON

L.E.A. ORI #: WAWSP00

COURT ORI #:

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STATE

EXPIRES

PHOTO I.D. ON PERSON
☐ YES ☐ NO

NAME: LAST

FIRST

MIDDLE

ADDRESS

☐ IF NEW ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER

LOCATION

DATE OF BIRTH

RACE

SEX

HEIGHT

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EYES

HAIR

RESIDENTIAL PHONE NO.
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WORK PHONE NO.
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VIOLATION DATE

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ON OR ABOUT

24 HOUR

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AT LOCATION

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MODEL

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TRAILER #1 LICENSE NO.

STATE

EXPIRES

TR. YR.

TRAILER #2 LICENSE NO.

STATE

EXPIRES

TR. YR.

OWNER/COMPANY IF OTHER THAN DRIVER

ADDRESS

CITY

STATE

ZIP CODE

ACCIDENT

BAC

COMMERCIAL

☐ YES

HAZARD

☐ YES

EXEMPT

☐ FARM

☐ FIRE

NO NR R I F

READING

VEHICLE

☐ NO

PLACARD

☐ NO

VEHICLE

☐ R.V.

☐ OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

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OFFICER

#

OFFICER

#

DEFENDANT'S SIGNATURE

X

OFFICER REMARKS

CXXXXXXXXX



↓PERF 1/2" S/S STUB ALL PTS

↑ GLUE LINE ↓

↓ PERF ALL PTS

OFFICER REPORT

ALL BACKERS STD BLK/SCREEN 50%

PROOF

TRAFFIC LT MED HV	WEATHER CL RN FG SN	STREET D W I S	LIGHT D DWN DSK DK
WITNESS NAME (LAST, FIRST, M.I.)		PHONE	
ADDRESS		CITY	STATE ZIP
WITNESS NAME (LAST, FIRST, M.I.)		PHONE	
ADDRESS		CITY	STATE ZIP
INCIDENT NUMBER	RELATED CITATION/INFRACTION NUMBERS	APPROVING OFFICER/NO.	

PT 1 ENDS HERE



↓ PERF 1/2" S/S STUB ALL PTS

↑ GLUE LINE ↓

↓ PERF ALL PTS

CRIMINAL CITATION

You are charged with the crime(s) described on the other side of this form. You must respond in one of the two ways listed below. Your response will depend on what is printed in the MANDATORY or BAIL box on the front of this form.

DOLLAR AMOUNT (\$) - Bail Forfeitable Offenses

If a dollar (\$) amount appears in the box marked BAIL you do not have to appear in court. Instead, send a check or money order, in U.S. funds, for the full amount to the court listed on the front.

You must do this within fifteen (15) days.

Be sure to enclose this form.

This will close your case.

Traffic citations may go on your driving record.

If you would rather appear in court, follow the directions for "Mandatory Appearance Offenses" below.

MANDATORY APPEARANCE OFFENSES

If the "Mandatory" box is checked on the front of this form, one of the following options applies:

- 1. If there is a **date** in the appearance date box you must appear in court at that date and time.
- 2. If there is a **number** in the appearance date box you must appear in court within the number of days indicated.
- 3. If the appearance date box is **blank**, the court will notify you in writing when to appear. If you do not receive a notice within fifteen (15) days please contact the court immediately.

ALL BACKERS STD BLK/SCREEN 50%

When you appear, you will be advised of your constitutional rights and the possible penalties if you are convicted. You also may be asked to enter a plea of NOT GUILTY or GUILTY.

IF YOU DO NOT APPEAR

THIS MAY RESULT IN A WARRANT FOR YOUR ARREST AND DETENTION IN JAIL.

NSF CHECKS WILL BE TREATED AS A FAILURE TO PAY.

ALSO, IF "TRAFFIC" IS CHECKED ON THE FRONT YOU WILL LOSE YOUR DRIVER'S LICENSE/PRIVILEGE.

IF RCW LISTED ON FRONT APPEARS BELOW PLEASE READ

RCW 46.61.502 Driving Under the Influence (DUI) - drive a motor vehicle and either: have a 0.08 breath or blood alcohol content within 2 hours after driving, or be under the influence of or affected by liquor, any drug, or a combination of liquor and any drug.

RCW 46.20.342(1) First Degree Driving While Suspended/Revoked (DWLS) - be an habitual traffic offender and drive a motor vehicle while an order of revocation issued under chapter 46.65 RCW prohibiting such operation is in effect.

RCW 46.20.342(2) Second Degree Driving While Suspended/Revoked (DWLS) - drive a motor vehicle while an order of suspension or revocation prohibiting such operation is in effect, and not be eligible to reinstate the license or driving privilege.

RCW 46.20.342(3) Third Degree Driving While Suspended/Revoked (DWLS) - drive a motor vehicle while the license or privilege to drive is suspended or revoked for (1) failure to furnish proof of satisfactory progress in a required alcoholism or drug treatment program; or (2) failure to furnish proof of financial responsibility pursuant to chapter 46.29 RCW; or (3) failure to comply with chapter 46.29 RCW relating to uninsured accidents; or (4) failure to respond to a notice of traffic infraction, failure to appear at a requested hearing, violation of a written promise to appear in court, or failure to comply with the terms of a notice of traffic infraction or citation; or (5) suspension or revocation in another state that would not result in suspension or revocation in this state; or (6) failure to reinstate the driver's license or privilege after suspension or revocation in the second degree; or (7) any combination of the above.

Traffic citations may go on your driving record.

PLEASE NOTIFY THE COURT IMMEDIATELY IF YOUR MAILING ADDRESS HAS CHANGED OR IS INCORRECT.

PT 3 ENDS HERE

ALL BACKERS - HEAD/HEAD

↓PERF 1/2" S/S STUB ALL PTS

↑ GLUE LINE ↓

↓ PERF ALL PTS

OFFICER REPORT

ALL BACKERS STD BLK/SCREEN 50%

PROOF

TRAFFIC LT MED HV	WEATHER CL RN FG SN	STREET D W I S	LIGHT D DWN DSK DK
WITNESS NAME (LAST, FIRST, M.I.)		PHONE	
ADDRESS		CITY	STATE ZIP
WITNESS NAME (LAST, FIRST, M.I.)		PHONE	
ADDRESS		CITY	STATE ZIP
INCIDENT NUMBER	RELATED CITATION/INFRACTION NUMBERS	APPROVING OFFICER/NO.	

B5A
0105



B5A
0105



↓ PERF ALL PTS

ALL BACKERS - HEAD/HEAD

CRIMINAL

FIRST CITATION ENDING CITATION
NUMBER, THIS BOOK C0XXXXXX NUMBER, THIS BOOK C0XXXXXX

WASHINGTON UNIFORM NOTICE AND COURT DOCKET
CITATION BOOK RECEIPT

ISSUED TO

PERS. #

DATE

PERF AT BINDING STUB END